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ABSTRACT

The National Center for Children in Poverty recently conducted research on case management in service integration projects. The core of the study's information comes from 16 projects around the country, all serving children living in poverty. This brief discusses the characteristics of case managers, including their demographic attributes, tenure, work environment, caseload size, time allocations among tasks, and salaries. Case managers from these projects were a diverse group, from varied ethnic and racial backgrounds, with varied education and work experiences. The resources to support their work are often limited, and their salaries are only moderate, but many have been with their projects for extended periods. Most of these projects had relatively small caseloads, but there was considerable variance. Overall, case managers spent rather comparable amounts of time on the activities they performed. The characteristics of case managers identified may contribute to the development of a typology that would help in further explorations of case management methods and project and client outcomes. (Contains two tables and two figures.) (SLD)

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NATIONAL CENTER FOR CHILDREN IN POVERTY
Columbia University School of Public Health

RESOURCE BRIEF July 1995

Who Are Case Managers and What Do They Do? Case Management in Service Integration

Ellen L. Marks

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The NATIONAL CENTER FOR CHILDREN IN POVERTY (NCCP) was established in 1989 at the School of Public Health, Columbia University. Its mission is to strengthen programs and policies that enhance the health and development of children under six years old living in poverty.

The Center works within an interdisciplinary framework in the domains of child and family health, early childhood care and education, and family and community support. Center staff and associates use techniques such as demographic and policy analysis, field-based and evaluation research to generate policy-relevant knowledge about poor children and families. The Center then applies that knowledge to public and private programs and initiatives, and disseminates the results to policymakers and program designers and directors, especially at the state and local level. Given the magnitude and complexity of the issues associated with child poverty, the Center works to reinforce and complement the efforts of other institutions and concerned individuals seeking changes in the systems designed to address the needs of poor families and young children.

NCCP's publications program is funded largely through core grants from the Ford Foundation and the Carnegie Corporation of New York.

Ellen L. Marks, a consultant at NCCP, is a policy analyst and researcher. She has conducted many evaluations of programs for low-income families, with an emphasis on education and health services.

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Any Baby Can	San Antonio, Texas
Asian Perinatal Advocates	San Francisco, California
BayBright	West Springfield, Massachusetts
Blackfeet Tribe Head Start	Browning, Montana
Children's Case Management Organization	West Palm Beach, Florida
Dane County Parent Council	Madison, Wisconsin
Denver Family Opportunity	Denver, Colorado
Division of AIDS Services	New York, New York
Family Mosaic	San Francisco, California
Family Ties	Brooklyn, New York
Infant and Toddlers Program	Glen Burnie, Maryland
Kids in New Directions	Lapeer, Michigan
New Futures	Huntsville, Alabama
New Vistas	Santa Fe, New Mexico
Next Step	Elmira, New York
Youth Futures	Savannah, Georgia

Introduction

The concept of case management in human services systems is inherently appealing. People who need assistance may not know where to go or may not be able to obtain what they need. They get help from case managers, who assess their strengths and needs and then identify and facilitate access to services. An underlying premise is that help is available for many unmet human needs, but the complexities and inadequacies of the human service system prevent many people from receiving services.

In recent years, case management has spread to virtually every field of human services. Current service integration projects—which attempt to coordinate services that are often fragmented and have complex entry points—often include case management as a key component. This widespread adoption has occurred despite little information about the effectiveness of case management. The vast array of case management approaches means that some classification scheme for sorting various practices must be devised before the issue of effectiveness can be addressed.

The National Center for Children in Poverty (NCCP) has recently conducted research on case management in service integration projects. The study is intended to provide descriptive information that could be used for understanding further the role and function of case management and developing a typology to pursue the question of effectiveness.

The core of this current study's information comes from 16 projects around the country that fulfill several criteria:[1]

- The projects represent many service domains, ranging from family preservation to at-risk infants and toddlers, thus allowing an exploration of case management practices in different settings.
- To obtain services for clients, case managers in these projects cross organizational boundaries, rather than work within a single agency.
- The projects purport to serve the entire family unit, however defined, rather than a single individual.
- Preliminary information suggested that these projects have promising practices that could prove useful for policymakers, planners of service integration initiatives, and project administrators.

In addition to these criteria, the investigators paid particular attention to projects that serve children under six living in poverty—because of NCCP's mission and focus on this group. Of the 16 projects, all serve children and their families. Six specifically include very young children living in poverty in their target groups; another six provide services to very young children without regard to their families' income, although most of their clients live in poverty. To ensure confidentiality and anonymity, no information identifying specific projects is provided in this resource brief.

The findings of the research project appear in four resource briefs that together provide descriptions of current practices. This resource brief, *Who Are Case Managers and What Do They Do? Case Management in Service Integration*, discusses the characteristics of case managers, including demographic attributes, tenure, work environment, caseload size, time allocations among tasks, and salaries. The others are *Working with Clients: Case Management in Service Integration*, which describes the work that case managers do with clients, providing information on the way case managers and clients become connected, the functions of case managers, and types of clients; *Preparation, Staff Development, and Supervision of Case Managers*, which considers case managers' educational and work backgrounds, orientation and on-the-job training, and oversight of their work; and *Managing Case Managers: Case Management in Service Integration*, which reviews the issues involved when multiple case managers serve a single family.[2]

photo by Adrienne Zimmer

Case managers in San Francisco, California

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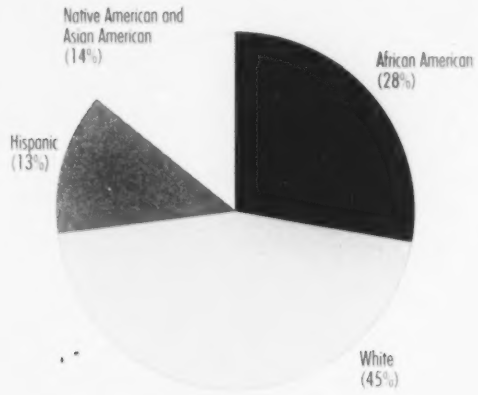
Demographic Characteristics

The information presented in this resource brief was collected from 121 of the 127 case managers employed in the 16 projects studied. Some case managers are part-time employees,[3] so full-time equivalent (FTE) calculations have been made.[4] In total, the projects have 92.9 FTE case managers. A typical project employs 5.8 FTEs.

Fully 82 percent of the case managers studied are female. In six projects, all case managers are female. Across projects, nearly half the case managers are white, over one-quarter are African American, about one-seventh Hispanic, and another seventh Asian American or Native American. (See Figure 1.) More than half the projects employ case managers who are of a single race or ethnic background.

Figure 1. Racial and ethnic characteristics of case managers in 16 study sites



Educational and Work Experience

On average, 50 percent of a project's case managers have college degrees, and 27 percent have graduate degrees. The variety of the projects visited is reflected in the case managers' academic training. Historically, case managers have come from the fields of social work or nursing, but as case management spreads to serve many different target populations, the diversity of worker backgrounds increases. Of the 121 case managers in this study, only 14 have degrees in social work, with more than half of these being baccalaureate degrees; only five are nurses. The remaining case managers possess an extraordinary assortment of academic experiences, ranging from those who have earned a GED to college graduates in many fields, such as art history, business, criminal justice, psychology, and sociology, plus those with graduate degrees.[5]

In terms of previous work experience, the case managers studied have a wide range of histories. Many have previously worked in fields directly related to their current responsibilities, such as human service agencies, schools, and community-based organizations. Others have come from private businesses and clerical jobs. Still others have had no work experience; they joined the projects immediately after college graduation or relied on life experiences to prepare them for work. To determine the relevancy of their work experience, the "fit" between previous jobs and current duties was calculated.[6] In a typical project, 69 percent of the case managers' previous work experience fit well with the work they are now doing.

Tenure

All except one project began within the past ten years.[7] The length of time staff stay with a case management project may provide several indicators, among them job satisfaction and extent of institutional memory. For the seven projects initiated since 1990, 55 percent of the case managers currently employed were hired within one year of the project's inception; in the eight older projects, 33 percent were hired within one year of the project's founding.

Not surprisingly, newer projects tend to have case managers who began working at the project when it was initiated. (See Figure 2 on page five.) Even the older projects, however, have some case managers who were there at the beginning. These longer-tenured staff members are valuable because they have had years to learn which organizations can provide what services—information essential for case managers who connect clients with needed services. Three projects begun in 1990 or later have had a complete staff turnover since they began, suggesting difficulties in keeping case managers and problems in finding skilled people for the work.

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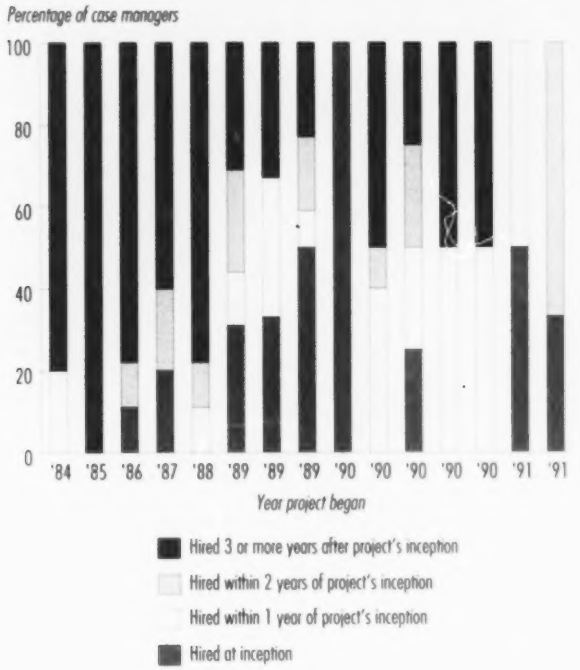
Many project directors report that recruitment and retention can be troublesome. Several factors constrain management's ability to create an ideal staff mix of credentials and work experiences, among them low salaries, civil service procedures, competition from higher-paying entities that provide case management, and also work-induced stress.

Figure 2. Tenure of current case managers in 15 study sites


Percentage of case managers
100
80
60
40
20
0
'84 '85 '86 '87 '88 '89 '89 '89 '90 '90 '90 '90 '90 '91 '91
Year project began
Hired 3 or more years after project's inception
Hired within 2 years of project's inception
Hired within 1 year of project's inception
Hired at inception

Job Satisfaction

Many of the case managers studied expressed satisfaction with their jobs. They like working with people in need, helping them to set goals, establish priorities, and obtain services. They feel good about creating a rapport with clients, who often say that no one else in the human services system has ever taken genuine interest in them. They point with pride to success stories—assisting medically fragile children get evaluated and receive appropriate care, helping recovering addicts find better housing and enroll in support groups, and working with mothers on public assistance to place their children in day care so the parents can attend job training programs.

Others are less sanguine. They are overwhelmed by the multiple needs of many families and the community's dearth of essential services. Even if they are able to arrange services, these case managers believe their quality is often dubious. Several are haunted by client problems, finding themselves worrying about a mother's ability to nurture her children, another's unsuccessful job hunt, or someone else's lapse in medical coverage. While some of these staff appear to be burned-out, others have found ways to cope. They cited discussions with their colleagues as particularly worthwhile. One said, "We've got to have each other. Without each other, you can't do what we do and not look like a piece of bacon at the end of each week."

In one project, case managers were neither gratified nor disgruntled. Most treated their work simply as a job to be done. In this site, all case managers are civil service employees; many transferred into the project (sometimes unwillingly) when their previous departments were downsized or eliminated. Perhaps because they did not initially apply to be case managers, their enthusiasm was limited. One sighed, "I've been here over 20 years. I've been called a social worker, a case worker, a vocational counselor, a case manager. It's only a name change. The work stays the same."

Work Environment

Working conditions for case managers are not always optimal. Because of space and budget constraints, workers often share offices, computers, and telephones. Many work in unattractive (but low-rent) buildings. On-the-job amenities typically are minimal, although opinion was mixed on which resources would be useful. All sites have computers, secretarial support, and fax machines, which should facilitate the work of case managers, but comments vary as to their usefulness. Case managers who view computers as worthwhile tend to have easier access to them and are familiar with their operation. These staff members use computers for word processing (case notes and letters), recording important dates, and submitting data for management information systems.

Although secretarial support is usually available, case managers do most of their own clerical chores. They say that secretaries are often overworked or

work in separate locations; several also said that they could prepare their own letters or forms faster than giving instructions to someone else. Surprisingly, case managers do not use fax machines very much to communicate with other agencies and organizations as they gather information or attempt to obtain services. If the fax is in an out-of-the way place, this limits its utility. Case managers also say that a telephone call or a face-to-face visit is more productive because personal persuasion more likely leads to a positive response than an impersonal fax transmission.

In almost all projects, case managers share office space. Several projects have the entire complement of case managers together in one large room. Few case managers like these arrangements. They would prefer to have more privacy in their own offices. A couple of workers raised concerns about client confidentiality, but these projects did have a private meeting room available. Another reason case managers want private offices is that they would rather not have other people observing their work style and habits. Supervisors were not keen on the idea of private offices. Apart from cost, they believe case managers learn from each other as they overhear conversations and notice different approaches to their work.

Case managers universally agreed on the importance of the telephone. A typical project has a receptionist who answers the telephone, fields calls to appropriate personnel, connects clients to case managers, and takes messages. When asked which was better—a central number or telephone numbers that clients could call directly—case managers opted for the central number. They note that this enables a receptionist to take messages while they are with clients, out of the office, or on other calls. They also emphasize that a project should have a sufficient number of telephone lines so that both incoming and outgoing calls can be handled efficiently. One large project has a different set-up. Each case manager has a direct-dial telephone number, and the entire office has voice mail. These case managers like the arrangement because clients can call them directly without anyone running interference, no one is put on hold while the case manager is on another call, and clients can leave messages in their own words.

When researchers asked case managers whether a cellular phone would help their work, the responses were mixed. Those in favor said cellular phones would be useful because many clients do not have phones in their homes; while conducting a home visit, the case manager would be able to call the office for information, contact other agencies to make appointments, or attempt to locate emergency services. Others, who spend a substantial amount of time driving to and from clients' homes, said cellular phones would allow clients, their employer, or family members to reach them. The majority were opposed to cellular phones. They said they had enough troubles separating work from their personal life, worried about the safety of driving while talking on the phone, feared the phone would be an attractive item for someone to steal, expressed the need for some quiet time to sort through matters and ideas, or said they spent much of their time visiting and transporting clients and would not want those interactions interrupted. When asked about resources that are or are not useful in case management, one worker was outraged that some projects provide multiple telephone lines, voice mail, a fax machine, and a computer. She was offended that projects would spend money on these items rather than on clients.

Caseload Size

On average, a case manager in a typical project handles 37 clients. Of these, case managers consider 14 as needing more intensive attention, which means they generally need several services, require relatively frequent contact, and lack social support systems.[8] The average number of clients, adjusted for part-time case managers and those who spend only part-time on case management duties, varies across projects. (See Table 1.) In ten projects, a case manager has a caseload of less than 30 clients. Although the research design and sample size inhibit rigorous statistical analysis, site observations suggest some factors associated with the various caseload sizes: the extent of direct services case managers provide, the amount of administrative and paperwork requirements, time spent traveling from one location to another, and the nature of the case manager-client relationship.

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Table 1. Average caseload per case manager in 16 study sites*

Project	Number of intensive clients	Number of less intensive clients	Total
A	5	24	29
B	7	19	26
C	21	34	55
D	6	8	14
E	7	4	11
F	11	34	45
G	5	6	11
H	2	0	2
I	6	14	20
J	10	8	18
K	40	46	86
L	49	34	83
M	4	53	57
N	11	10	21
O	9	9	18
P	30	59	89
Average	**13.9**	**22.6**	**36.5**

* *The table entries were calculated in the following way. Researchers asked each case manager how many clients were on his or her caseload and how many required intensive attention, then adjusted the caseloads of part-time staff to reflect the numbers that would result if they were full-time. For example, a half-time case manager with 12 clients, four of whom are intensive, would be weighted to produce a caseload of 24, eight of whom are intensive. For each project, the numbers were summed and averaged.*

Extent of Direct Services

For some projects, a large portion of the case manager's job consists of providing direct services to clients. This tends to occur in projects with therapeutic counseling (such as family preservation) or with therapeutic medical/developmental work (such as for at-risk infants and toddlers). In these projects, the primary objective is not actually case management but the accomplishment of another goal, such as avoiding a child's removal from the home or supplying early intervention for young children who evidence or are at risk of developmental delays. Case management is ancillary, and caseloads are generally smaller in these projects.

Administrative Burden

While all of the projects studied have administrative matters and paperwork for case managers to complete, some have extensive requirements. Several have in-depth needs assessments and service plans that must be updated frequently, regularly scheduled staff meetings often focused on office procedures, and detailed time and expense records to be submitted. Some projects have insufficient office support, such as computers or clerical staff, which could minimize the administrative burden.

In most of the projects with extensive administrative requirements, case managers tend to have smaller caseloads. One project with substantial administrative tasks has fairly high caseloads, but these case managers have a variety of resources to aid their work. Among the items they cited as helpful were computer access (every two case managers share one terminal), extensive computer training, software that enables check marks and brief entries for the completion of forms, automated tickler systems notifying them of important dates, and agreements that reserve places for clients with other service providers.

Travel Time

In two types of projects—those located in rural areas and those whose case managers often drive clients to appointments (and these may overlap)—case managers spend many hours in their cars. These workers generally have smaller caseloads. In both situations, however, case managers commented that their travel time is not wasted. The time spent alone driving to clients' homes helps them gather their thoughts, develop strategies, or recover from highly stressful encounters. Driving clients around creates opportunities for candid conversations, especially because the car is somehow a more neutral setting than a client's home or a case manager's office.

Case Manager-Client Relationship

As discussed in *Working with Clients*,[9] some case managers develop close relationships with their clients. They may become friends, confidants, and parental figures, spending extensive time with clients and offering guidance and advice. In these instances case managers usually have smaller caseloads.

Case Managers' Time Allocations

Case managers perform several activities in their jobs. Based on a literature review for this research project, ten categories of case management work were developed, and case managers completed charts indicating the percentage of time they spend working on each of the ten functions. Across projects, counseling and the provision of direct services are the highest-ranked activity, followed by travel and record keeping. (See Table 2.) The variances can be explained by the projects' unique characteristics:

- One project serves all Head Start children in a particular region, regardless of families' needs. Its case managers spend the least amount of time assessing clients' needs, developing service plans, and negotiating with other agencies.
- The greatest amount of travel time is reported by a project located in an extremely rural area, while the least amount of travel time occurs in an urban project where clients usually visit case managers' offices.
- Record-keeping time is highest in a project that involves multiple municipal agencies and comprehensive evaluations; it is the least for a stripped-down project that is struggling to maintain case management services despite decreasing funds.
- Counseling is the activity that takes the most time in a project focusing on family preservation, where case managers work to improve family relationships and communication skills. It is the lowest in a project where case managers focus on linking families to needed services.

Table 2. Case managers' time estimates (in percentages)

Activity	Average per project	Lowest	Highest
Counseling and other direct services	13.4	0.0	30.0
Travel	13.2	4.5	35.0
Record keeping	13.1	5.5	20.8
Conducting needs assessments	11.3	5.5	19.9
Coordinating services	10.3	3.0	20.0
Negotiating with other agencies	9.4	5.0	17.5
Developing service plans	8.6	5.0	13.0
Monitoring receipt of services	8.5	4.0	15.6
Administrative duties	6.8	3.3	10.0
Adjusting service plans	5.2	2.0	7.8

To further investigate time allocations, researchers used the individual case manager as the unit of analysis (not the project). Although this study's research design does not allow rigorous statistical analysis (as stated earlier), the data suggest that case managers spend their time in similar ways, regardless of the project that employs them. To the extent that differences exist among case managers, on-site observations suggest the following:

- Case managers with post-baccalaureate studies or graduate degrees spend less time on basic case management functions[10] and more time counseling and providing direct services, compared to those case managers with college degrees or less education.
- Case managers with high percentages of intensive-need clients spend more time traveling, counseling, and providing direct services, and less time on basic case management and administration.
- Female case managers, as compared to males, spend more time counseling and providing direct services.
- Longer-tenured staff spend less time on basic case management functions and more time traveling than their recently hired colleagues.
- Case managers with larger caseloads spend less time on basic case management functions and more time traveling, when compared to case managers with smaller caseloads.

Perhaps the differences in time allocations reflect the different client populations served, but the possibility cannot be explored because this research study opted for diversity across projects rather than similarity. Although the data allow cross-project and cross-case manager comparisons, the absence of projects serving identical populations precludes analysis that could determine whether the populations targeted for services account for time allocation variations.

Case managers spend their time in similar ways, regardless of the project that employs them.

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Salaries

Averaged across projects, case manager salaries range between $22,475 and $28,880.[11] For all sites visited, salaries range from a low of $15,000 to a high of $53,583. With rare exceptions, salaries appear to be based on the project's overall fiscal condition rather than the content of case managers' work or their experiences and academic backgrounds. One project pays its four case managers approximately $22,000 each, even though one is a law school graduate and three do not have college degrees. In general, lower salaries occur in the following situations:

- Financially strapped projects whose revenues are decreasing tend to pay case managers less.
- Bare bones projects—begun by key individuals who saw a need and convinced policymakers or funders to provide minimal financial support. Hoping to demonstrate both need and success, which would in turn produce greater donations or income, these projects' budgets remain stretched.
- Projects in rural areas—where case managers generally earn less than urban counterparts.
- Projects largely independent of government revenues—where case managers generally earn less.

Two projects differentiate salaries among types of case managers. One project includes staff members assigned from multiple community and city agencies, with salaries varying from $35,000 (for case managers employed by community-based agencies) to over $50,000 (for workers from the city health department). Interestingly, no staff member from this project expressed unhappiness about the pay differences, recognizing that higher-paid staff were more senior and had paid their dues as long-time civil servants. Another project, which serves at-risk infants and toddlers, acknowledges the differences in skill levels and training among the case managers (who also provide direct services to clients). The person primarily responsible for cross-agency coordination earns about $42,000; speech pathologists and infant educators earn between $25,000 and $50,000; and a nurse earns about $31,500.

Conclusions

Case managers are without question a diverse group. They come from varied ethnic and racial backgrounds and have varied education and work experiences. While the challenges they face are sometimes enormous, the resources to support their work can be limited, and their salaries are only moderate, many have been with their projects for extended periods.

Although most projects have relatively small caseloads, there is considerable variance. Possible explanations of the caseload differences include the extent of direct services that case managers provide, administrative burdens, and travel time, along with the nature of the case manager-client relationship.

Case managers spend relatively comparable amounts of time on the activities they perform. To be sure, there are distinctions across projects, but they are not extreme. Only two categories of case manager activities show fairly wide differences: the provision of counseling or other direct services and travel time. For the remaining eight categories, the difference between the lowest and highest time allocations rarely exceeds 15 percentage points. This finding suggests one of two explanations. First, the constraints of the research design may obscure variance. Second, a hypothesis we proposed may, in fact, be true: case managers do much the same thing regardless of the population they serve.[12]

This resource brief has identified many characteristics of case managers that may contribute to the development of a typology. This in turn would help in further explorations of case management methods, project philosophies, and client outcomes.

photo by Nina Chaudry

Case manager for AIDS clients in New York City

References

1. A fuller discussion of research methods begins in the next column.
2. Information about ordering the resource briefs appears on the back cover.
3. As explained in the resource brief *Working with Clients: Case Management in Service Integration*, some of these individuals are actually full-time employees who work only part-time as case managers. We have adjusted the statistics in this resource brief to reflect accurately the amount of time these staff members spend as case managers.
4. A full-time staff person who is present five days a week, eight hours a day, represents 1.0 FTE. Part-time staff members are counted as fractions of one full-time staff person. For example, a case manager present for eight hours over the course of one week provides one-fifth the coverage of a full-time case manager, or 0.2 FTE.
5. The background and experiences of case managers is fully explored in another resource brief in this series, *Preparation, Staff Development, and Supervision of Case Managers*.
6. This is explained in *Preparation, Staff Development, and Supervision of Case Managers*.
7. One project initiated case management in 1967, and for this reason it was excluded from the calculations regarding tenure. The other projects began much later.
8. Differences in intensive versus less-intensive clients and the services they receive are discussed in *Working with Clients: Case Management in Service Integration*.
9. See *Working with Clients: Case Management in Service Integration*.
10. The basic case management functions are assessment, plan development, service coordination, negotiating, monitoring, and adjusting plans.
11. The data in this section are based on information from 13 case management projects. Salary information was not available from three sites.
12. This issue is discussed in *Case Management in Service Integration: A Concept Paper*.

Research Methods

The National Center for Children in Poverty (NCCP) conducted this study of case management as part of its work in the domain of family and community support. The research is descriptive, not evaluative. Given the state of knowledge about case management—especially its recent expansion into a broad array of human services—the investigators concluded that basic information was lacking, such as who are case managers, what do they do, and how do they do it? The case management research project's findings on these questions can contribute to advancing research on the subject. Before studies can shed light on outcomes from case management initiatives, researchers must have a clearer understanding of case management practices and operations.

Criteria for Case Management

To conduct this research on case management in service integration, the research team began with a comprehensive literature review. From this, we developed a concept of case management that has four central components. The components serve as threshold criteria that must be met for an initiative to be considered as one involving case management. First, a case manager must perform the core functions of case management, namely assessment, plan development, identification and access of services, and monitoring. Second, some person or persons must routinely perform the functions of case management. Third, the case manager must work across organizational boundaries, not just within his or her parent agency. Fourth, case management services must be developed in consideration of the client's entire family. These components, along with a more detailed explanation of the research design and questions, are more fully described in a concept paper issued in 1994. (See back cover.)

Site Selection

The bulk of this research derives from original data collection through site visits to 16 projects around the United States. To choose projects for in-depth study, the research team searched some 600 project files that are part of the Information Clearinghouse

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of the National Center for Service Integration.* The files contain materials describing service integration initiatives that serve children, youth, and families. We then selected projects that appeared to meet the four components of our case management concept. NCCP's program focus is on children under six, so we paid careful attention to projects that serve this population. About 110 projects were identified, which we then sorted according to target population, geographic location, size, and funding source. We selected the 16 projects to reflect diversity rather than similarity.

Data Collection

Between one and three research team members spent up to four days at each case management project. Before each site visit, we reviewed all available written materials about the project. During the site visit, we interviewed case managers,** supervisors, a director, and other individuals, such as board members and budget personnel; we also collected additional documents, such as intake and assessment forms, evaluations, resource guides, annual reports, and budgets. Whenever possible, we accompanied case managers on home visits so we could meet with clients.

Most of the interviews were semi-structured to collect process information about the operations of case management. Several series of questions dealing with case manager characteristics, caseloads, and contact with other agencies were structured and closed-ended. Site visitors incorporated all data and information onto a site reporting form.***

In total, we interviewed 121 case managers, 36 supervisors and directors, 14 other staff, and 27 clients. Several project staff members fulfill dual functions, such as acting as both case manager and supervisor. We estimate that we have data on over 95 percent of all staff employed at the 16 projects.

Data Analysis and Terminology

A first round of analysis involved site investigators combining and synthesizing information to complete the questions in the site reporting form. Site visitors reviewed each other's answers to check inter-coder reliability. A subsequent analysis took place as we compared data from the reporting forms across sites. In conducting the analyses, we paid special attention to similarities and inconsistencies. Similarities suggest that a practice or phenomenon is common; inconsistencies imply differences in procedures, client population, or environmental conditions.

We coded quantitative data from case managers, analyzed the information, and presented the results as numerical findings. Responses from part-time project staff were weighted to ensure equivalency. Unless otherwise noted, all data reported in the resource brief refer to the projects studied. In other words, for a given variable and a given site, we aggregated data and produced an average according to the number of responses. We then treated each project equally to determine numerical findings. Because the data are not from representative or randomly selected sites, we present only frequencies or percentages.

The 16 sites refer to case managers by many different names, such as "family outreach workers," "home visitors," "family advocates," and "service coordinators." Also, several different names refer to the at-risk people with whom they work. For simplicity and uniformity, we have used the terms "case manager" and "client."

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* This clearinghouse, formerly at the National Center for Children in Poverty, is now at the National Center for Service Integration, c/o Child and Family Policy Center, 218 Sixth Avenue., Suite 1021, Des Moines, IA 50309. Tel: (515) 280-9027. Fax: (515) 243-5941.

** One project does not employ most case managers over the summer, which was when the site visit occurred. For these case managers, we created a mail survey derived from questions asked during site visits.

*** Copies of the site reporting form are available in the NCCP library.

Other Case Management Publications Available from NCCP

The National Center for Children in Poverty (NCCP) has issued several publications that draw on this research project. In addition to this resource brief, three others are available (at $5.00 each or $15 for all four):

- *Working with Clients: Case Management in Service Integration* by Ellen L. Marks
- *Preparation, Staff Development, and Supervision of Case Managers* by Carolyn Marzke
- *Managing Case Managers: Case Management in Service Integration* by Ellen L. Marks

Two additional publications offer more general information about case management:

- *Case Management in Service Integration: An Annotated Bibliography* by Ellen L. Marks, Karen E. Maurer, and Linda S. Simkin ($6.00)
- *Case Management in Service Integration: A Concept Paper* by Ellen L. Marks ($8.00)

Information about ordering these documents prepaid (postage/handling costs included), or about other NCCP publications, can be obtained by writing, telephoning, or faxing NCCP, or through e-mail: 154 Haven Avenue, New York, NY 10032; tel: (212) 927-8793; fax: (212) 927-9162; e-mail: ejs22@columbia.edu. Include name, organization, address, telephone, and fax in all requests, including e-mail. Also, NCCP's triannual newsletter, *News and Issues*, as well as other information about the Center, may be accessed on the Internet: http://cpmcnet.columbia.edu/dept/nccp/

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